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By: LEON KAUFMAN

PATENT
Attorney Docket No.: 021106-001610US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LEON KAUFMAN

Application No.: 10/721,976

Filed: November 25, 2003

For: METHOD AND APPARATUS FOR
IMPROVING A VIRTUAL
COLONOSCOPY AND A CT
ANGIOGRAPHY

Examiner: Unassigned

Art Unit: 3737

**INFORMATION DISCLOSURE
STATEMENT UNDER
37 CFR §1.97 and §1.98**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference cited on attached form PTO/SB/08B is being called to the attention of the Examiner. Copy of the reference is enclosed.

It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and reference cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Date: 2/3/05

By: Craig P. Wong
Craig P. Wong
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Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Application Number</i>	10/721,976
<i>(use as many sheets as necessary)</i>				<i>Filing Date</i>	November 25, 2003
				<i>First Named Inventor</i>	Kaufman, Leon
				<i>Art Unit</i>	3737
				<i>Examiner Name</i>	Unassigned
Sheet	3	of		<i>Attorney Docket Number</i>	021106-001610US

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			²
	AA	BARNES, Eric, "MR colonography group favors dark-lumen technique, air- versus water-based distension," <i>AuntMinnie.com</i> , February 24, 2004			

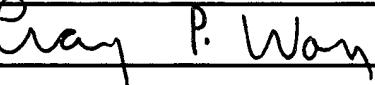
Examiner Signature	Date Considered
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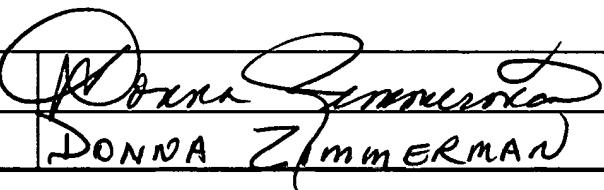
¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

²Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/721,976
		Filing Date	November 25, 2003
		First Named Inventor	Kaufman, Leon
		Art Unit	3737
		Examiner Name	Unassigned
		Total Number of Pages in This Submission	1
		Attorney Docket Number	021106-001610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08B (1 pg.); References (1); and Return Postcard
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Craig P. Wong	
Date	2/3/05	Reg. No. 45,231

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Signature		
Typed or printed name	DONNA ZIMMERMAN	Date 2/3/05